



Notice of Privacy Practices (NPP)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

Our commitment to your privacy

We are dedicated to maintaining the privacy of your personal health information. We are required by law to do this. These laws are complicated, but we must provide you with important information. This pamphlet is a shorter version of the full legally-required NPP which is posted in the agency office and is available to you for more information. We cannot cover all possible situations so please talk to our Privacy Officer about any questions or problems.

We will use the information about your health, which we get from you or from others, mainly to provide you with treatment, to arrange payment for our services, or for some other business activities, which are called, under the law, health care operations. After you have read this NPP, we will ask you to sign a consent form to allow us to use and share your information. If you do not consent and sign this form, we cannot treat you at Treehouse Counseling, LLC.

If you or we want to use or disclose (send, share, release) your information for any other purposes, we will discuss this with you and ask you to sign an authorization to allow this.

We commit to keeping your health information private. However, there are some times when the laws require us to use or share this information such as:

1. When there is a serious threat to your health and the safety of you, another individual, or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and legal proceedings.
3. If a law enforcement official requires us to do so.
4. For worker's compensations and similar benefit programs.

There are other situations similar to these that do not occur frequently. They are described in the longer version of the NPP and are available upon request.

Your rights regarding your health information:

1. You have the right to a paper copy of this notice.
2. You have the right to ask us to limit what we tell certain individuals involved in your care of the payment of your care, such as family members or the courts. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment.
3. You have the right to review the health information in your record; including medical/billing records. You also have the right to request copies of your records.
4. You have the right to file a complaint if you believe your privacy practices have been violated. You can file a complaint with me and the Secretary of the Department of Health and Human Services at 200 Independence Ave. S.W. Washington DC 20201 or calling 1-800-696-6775 or visiting www.hhs.gov/ocr/privacy/hippa/complaints/



Consent to Use and Disclose Health Information

This form is an agreement between you, _____ and staff at Treehouse Counseling. When the word “you” is used below, it will mean your child, relative, or other person if you have written his or her name here _____.

When staff examine, diagnose, treat, or refer you, staff will be collecting what the law calls Protected Health Information (PHI). We will use the collected information to decide on what treatment is best for you and to provide treatment to you. We may share information with others who provide treatment to you or need to arrange payment for your treatment or for other business or government functions.

By signing this form, you are agreeing to let us use your information here and send it to others. The Notice of Privacy Practice explains in more detail your rights and how we can use and share your information.

Please read this before you sign this consent form. If you do not sign this consent form agreeing to what is in our Notice to Privacy Practices, we cannot treat you.

In the future, we may have to change how we use and share your information. Should this change, you will be given a new copy of the NPP for signature.

If you are concerned about some of the information, you have the right to ask us not to use or share some of your information for treatment, payment, or administration services. You are responsible for making a request in writing for the specified information. Although we will try to respect your wishes, we are not required to agree to the limitations. You will receive the requested information only if the therapist is in agreement.

After you have signed this consent, you have the right to revoke by writing a letter telling to Treehouse Counseling that you no longer consent. Treehouse Counseling will comply with your wishes from the date indicated on this written request withdrawing consent.

Signature of client or his/her personal representative

Date

Printed name of client or personal representative

Relationship to Client

Date of NPP: _____ Circle if copy given to the client/parent/personal representative



Consent to Use and Disclose Health Information

This form is an agreement between you, _____ and staff at Sand Castle Counseling. When the word "you" below, it will mean your child, relative, or other person if you have written his or her name here _____.

When staff examine, diagnose, treat, or refer you, staff will be collecting what the law calls Protected Health Information (PHI). We will use the collected information to decide on what treatment is best for you and to provide treatment to you. We may share information with others who provide treatment to you or need to arrange payment for your treatment or for other business or government functions.

By signing this form, you are agreeing to let us use your information here and send it to others. The Notice of Privacy Practice explains in more detail your rights and how we can use and share your information.

Please read this before you sign this consent form. If you do not sign this consent form agreeing to what is in our Notice to Privacy Practices, we cannot treat you.

In the future, we may have to change how we use and share your information. Should this change, I will give you a new copy of our NPP and you will be required to sign a new NPP.

If you are concerned about some of the information, you have the right to ask us not to use or share some of your information for treatment, payment, or administration services. You will have to tell us what you want in writing. Although we will try to respect your wishes, we are not required to agree to the limitations. However, if we do agree, we will comply with your request.

After you have signed this consent, you have the right to revoke by writing a letter telling us you no longer consent and we will comply with your wishes about using or sharing information from that date forward.

Signature of client or his/her personal representative

Date

Printed name of client or personal representative

Relationship to Client

Date of NPP: _____ Circle if copy given to the client/parent/personal representative